

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Queenie
District of Maricopa
Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 222
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Katherine Margorie Perry (If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other Single 5. No., in order of birth 2 6. Legitimate? Yes 7. Date of birth Feb 6 25
Month Day Year

8. FATHER
Full name John Eugene Perry
9. Residence (Usual place of abode) Phoenix
If nonresident, give place and state Ariz
10. Color or race White
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Texas
(State or country)
13. Occupation Laborer
Nature of industry

14. MOTHER
Full maiden name Margie J Quinn
15. Residence (Usual place of abode) Phoenix
If nonresident, give place and state Ariz
16. Color or race White
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Ariz
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10130A on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature John E. Perry
(Physician or midwife)
Address Phoenix Ariz

Given name added from a supplemental report _____
Month, day, year.

Filed 3-13, 1925 Eugene Perry
Local Registrar.
County Registrar.

Registrar.

278-206-485